PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Numb	e
/	
19/9/15/38	
1/19/7//5/20	

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY				
TOTAL CLAIMS		19				RATE	F	EE		RATE	FEE	i			
FOR			NUMBER FILED		NUMBER EXTRA		BASIC F	EE 35	5.00	OR	BASIC FEE	710.00	1		
TOTAL CHARGEABLE CLAIMS			/9 minus 20=		/9 minus 20= *		•	0	X\$ 9:	=		OR	7/0/0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
INDEPENDENT CLAIMS			3 minus 3 =		s 3 minus 3 = * /)			X40=	_			Y00			
MULTIPLE DEPENDENT CLAIM PRESENT								1		OR			ł		
* If the difference in column 1 is less than zero enter "O" in column 2							+135			OR	L	71 m 2 A	σĈ		
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL										OR	TOTAL	7100			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								L ENTI	TY	OR	OTHER SMALL				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE	_ [
NDM	Total	•	Minus	**		=	X\$ 9:	=		OR	X\$18=		רטו		
ME	Independent	*	Minus	***		=	X40=			OR	X80=		1		
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		+135:				+270=				
							TOT		(OR	TOTAL		∤ ≩		
		(Oakuman 4)		(Oaku	O\	(Calumn 0)	ADDIT. F			OR	ADDIT. FEE		1 2		
		(Column 1) CLAIMS		(Colui	IEST	(Column 3)		AD		ı	<u> </u>	ADDI-			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RATE		NAL	:	RATE	TIONAL FEE			
N N	Total	•	Minus	••		=	X\$ 9=			OR	X\$18=				
ME	Independent	•	Minus	***		=	X40=			OR	X80=		-		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		.125				+270=				
+135= TOTAL									-	OR	TOTAL				
							ADDIT. FI			OR	ADDIT. FEE		1		
_		(Column 1) CLAIMS	REPORTED TO SERVE	(Colui		(Column 3)	_						Į		
ENTC		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	AD TIOI FE	VAL		RATE	ADDI- TIONAL FEE			
AMENDMENT	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		1		
ME	Independent	•	Minus	***		= 10	X40=	V.			X80=				
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN'	CLAIM			-		OR					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE				
		nber Previously Pa					r found in the	appropria	ate box	in co	lumn 1.				